## Food and Drug Administration, HHS

products adequately labeled for that use in the relevant pediatric population. Examples of how improvement might be demonstrated include, e.g., evidence of increased effectiveness in treatment, prevention, or diagnosis of disease; elimination or substantial reduction of a treatment-limiting drug reaction; documented enhancement of compliance; or evidence of safety and effectiveness in a new subpopulation; or

- (ii) The product is in a class of products or for an indication for which there is a need for additional therapeutic options.
- (d) Exemption for orphan drugs. This section does not apply to any product for an indication or indications for which orphan designation has been granted under part 316, subpart C, of this chapter.

[63 FR 66671, Dec. 2, 1998]

### § 601.28 Annual reports of postmarketing pediatric studies.

Sponsors of licensed biological products shall submit the following information each year within 60 days of the anniversary date of approval of the license to the Director, Center for Biologics Evaluation and Research:

- (a) Summary. A brief summary stating whether labeling supplements for pediatric use have been submitted and whether new studies in the pediatric population to support appropriate labeling for the pediatric population have been initiated. Where possible, an estimate of patient exposure to the drug product, with special reference to the pediatric population (neonates, infants, children, and adolescents) shall be provided, including dosage form.
- (b) Clinical data. Analysis of available safety and efficacy data in the pediatric population and changes proposed in the labeling based on this information. An assessment of data needed to ensure appropriate labeling for the pediatric population shall be included.
- (c) Status reports. A statement on the current status of any postmarketing studies in the pediatric population performed by, or on behalf of, the applicant. The statement shall include whether postmarketing clinical studies in pediatric populations were required or agreed to, and, if so, the status of

these studies shall be reported to FDA in annual progress reports of post-marketing studies under §601.70 rather than under this section.

 $[65 \; \mathrm{FR} \; 59718, \; \mathrm{Oct.} \; 6, \; 2000, \; \mathrm{as} \; \mathrm{amended} \; \mathrm{at} \; 65 \; \mathrm{FR} \; 64618, \; \mathrm{Oct.} \; 30, \; 2000]$ 

### § 601.29 Guidance documents.

- (a) FDA has made available guidance documents under §10.115 of this chapter to help you comply with certain requirements of this part.
- (b) The Center for Biologics Evaluation and Research (CBER) maintains a list of guidance documents that apply to the center's regulations. The lists are maintained on the Internet and are published annually in the FEDERAL REGISTER. You may request a copy of the CBER list from the Office of Communication, Training, and Manufacturers Assistance (HFM-40), Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852-1448.

[65 FR 56480, Sept. 19, 2000]

# Subpart D—Diagnostic Radiopharmaceuticals

Source: 64 FR 26668, May 17, 1999, unless otherwise noted.

## § 601.30 Scope.

This subpart applies to radiopharmaceuticals intended for in vivo administration for diagnostic and monitoring use. It does not apply to radiopharmaceuticals intended for therapeutic purposes. In situations where a particular radiopharmaceutical is proposed for both diagnostic and therapeutic uses, the radiopharmaceutical must be evaluated taking into account each intended use.

### §601.31 Definition.

For purposes of this part, diagnostic radiopharmaceutical means:

(a) An article that is intended for use in the diagnosis or monitoring of a disease or a manifestation of a disease in humans and that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons: or